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SEP 02 2005

Date: September 2, 2005

**FACSIMILE COVER LETTER**

Facsimile Number: 571-273-8300

To: Examiner P.K. HUNTSINGER  
Group Art Unit 2624, USPTO

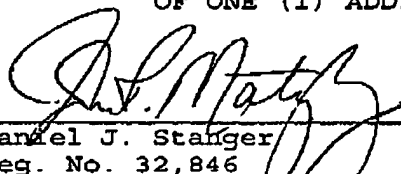
From: Mr. Daniel J. Stanger  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 09/973,914  
Attorney Docket No.: KYO-101

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;  
REPLY; AND  
CREDIT CARD FORM INCLUDING \$200.00 IN PAYMENT  
OF ONE (1) ADDITIONAL INDEPENDENT CLAIM.

 30,293  
Daniel J. Stanger  
Reg. No. 32,846

September 2, 2005

Date

Total Number of Pages (including cover sheet): 19

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FORM PTO-1083

PATENT

Case Docket No. KYO-101

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In RE application of M. OYANAGI

Serial No.: 09/973,914

Group Art Unit: 2624

Filed: October 11, 2001

Examiner: P.K. HUNTSINGER

SEP 02 2005

For: MULTI-FUNCTION PRINTER AND ITS CONTROL METHOD

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Preserve Extra
Total	20	Minus	20	=	0
Indep.	5	Minus	4	=	1
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 200	\$ 200
+ 280	\$ 0
Total	\$ 200

OR

- If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.  
 -- If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.  
 ... If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.  
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.

☒ A check in the amount of \$ 200.00 is attached in payment of:  
CREDIT CARD FORM FOR 1 ADDITIONAL INDEP CLAIM


☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:   
Daniel J. Stanger  
Registration No. 32,846  
Attorney for Applicant(s)

Date: September 2, 2005

SEP-02-05

04:29PM

FROM- MATTINGLY, STANGER, MALUR & BRUNDIDGE

+ 703 684 1157

T-845

P.004/018

F-352

KYO-101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

M. OYANAGI

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CENTRAL FAX CENTER**

Serial No. 09/973,914

Group Art Unit: 2624

SEP 02 2005

Filed: October 11, 2001

Examiner: P.K. HUNTSINGER

FOR: MULTI-FUNCTION PRINTER AND ITS CONTROL METHOD

REPLY

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

September 2, 2005

Sir:

In Reply to the Office Action mailed June 3, 2005, please  
amend the above application as set forth below.

09/06/2005 TL0111 00000034 09973914

01 FC:1201

200.00 OP